

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 1819 JP
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Laura	A
	NICKNAME	LAST	SUFFIX
		Pressley	Ph.D.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 82763 Austin, TX 78708		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	762-3825	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Marcelo	
	NICKNAME	LAST	SUFFIX
		Tafoya	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	2908 Overdale Road, Austin, TX 78723		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	698-4124	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	09	26	2014
	THROUGH	Month	Day
		10	25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	04	2014
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		Austin City Council, District 4
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Dr. Laura Pressley, Ph.D.

15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,050.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$20,217.82

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 14,955.96

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 22,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Pressley, this the 27th day of Oct, 20 14, to certify which, witness my hand and seal of office.

J. Richardson
Signature of officer administering oath

Jennifer Richardson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Nazor 6 Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) ACC	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Osman Contributor address; City; State; Zip Code 906 Rock Spring Cove, Round Rock, TX 78681	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Jo Hernandez Contributor address; City; State; Zip Code 1002 Wisteria, Austin, TX 78753	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired	
Date 10/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Damien Matherne Contributor address; City; State; Zip Code 11727 Sterling Panorama, Austin, TX 78738	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Clean Scares	
Date 10/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Bolton Contributor address; City; State; Zip Code 1739 Cricket Hollow Dr., Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cary Yarosh 6 Contributor address; City; State; Zip Code 817 Windy Shores Loop, Spicewood, TX 78669	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Program Manager		10 Employer (See Instructions) Freescall Semiconductor	
Date 10/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Ritchie Contributor address; City; State; Zip Code 9222 Knoll Crest Loop, Austin, TX 78759	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Applied Materials	
Date 10/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Gore Contributor address; City; State; Zip Code 4825 Eagle Feather, Austin, TX 78735	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Regents School	
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Parkinson Contributor address; City; State; Zip Code 7522 Northcrest, Austin, TX 78752	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David King Contributor address; City; State; Zip Code 1808 Kerr Street, Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Brinkman 6 Contributor address; City; State; Zip Code 2501 Tydins, Austin, TX 78730	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Restaurant		10 Employer (See Instructions) Self	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Burton Contributor address; City; State; Zip Code 2113 Zack Scott St., Austin, TX 78723	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Project Manager		Employer (See Instructions) Lones Lang LaSalle	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mona Mehdy Contributor address; City; State; Zip Code 5004 Smokey Mountain, Austin, TX 78727	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Austin	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Pridgeon Contributor address; City; State; Zip Code 1412 Desert Quail, Austin, TX 78758	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Retired	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Frye Contributor address; City; State; Zip Code 5651 Leon St, Houma, LA 70360	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Terrebonne	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. 8	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Sanger 6 Contributor address; City; State; Zip Code 704 Carolyn, Austin, TX 78705	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodney Thrailkill Contributor address; City; State; Zip Code 8504 Rosemary, Austin, TX 78753	Amount of contribution (\$) \$15.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Antique Dealer		Employer (See Instructions) Self	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Lemmon Contributor address; City; State; Zip Code 617 Bissonet, Austin, TX 78752	Amount of contribution (\$) \$10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Cathesis Partners	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Agol Contributor address; City; State; Zip Code 1307 Canna Lily Ln, Pflugerville, TX 78660	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Illustrator		Employer (See Instructions) PA Tech Solutions	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Renick Contributor address; City; State; Zip Code 2500 Tower Dr, Austin, TX 78703	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Page 6 Contributor address; City; State; Zip Code Requested, Austin, TX	7 Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Music
9 Principal occupation / Job title (See Instructions) Musician		10 Employer (See Instructions) Self	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine Bleisch Contributor address; City; State; Zip Code 512 MLK #170, Austin, TX 78701	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Witowski Contributor address; City; State; Zip Code 3201 Barton Point Cir, Austin, TX 78733	Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EISD	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Manzanero Contributor address; City; State; Zip Code 3456 North Hills, Austin, TX 78731	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Integrative Medicine	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nina Legg Contributor address; City; State; Zip Code 5120 Kite Tail, Austin, TX 78730	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Hale 6 Contributor address; City; State; Zip Code 10614 Golden Quail Dr, Austin, TX 78758	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary and Nanci Freeborg Contributor address; City; State; Zip Code 10401 Davy Crockett, Austin, TX 78737	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Straus Contributor address; City; State; Zip Code 232 Argyle Ave, Austin, TX 78209	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LMT		Employer (See Instructions) Self	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Owen Contributor address; City; State; Zip Code 611 Bissonet Ln, Austin, TX 78752	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions) Pride of Austin Capital Partners	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Fowler Contributor address; City; State; Zip Code 6420 Old Harbor, Austin, TX 78739	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Walton 6 Contributor address; City; State; Zip Code 1701 Bouldin Avenue, Austin, TX 78704	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynn Foster Contributor address; City; State; Zip Code 12008 Saxony Lane, Austin, TX 78727	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Bolton Contributor address; City; State; Zip Code 1739 Cricket Hollow, Austin, TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Retired	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Stanton Contributor address; City; State; Zip Code 3505 Turnabout Lane, Austin, TX	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Ellis Oglesby Contributor address; City; State; Zip Code 8900 Feather Hills, Austin, TX 78737	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Nasr 6 Contributor address; City; State; Zip Code 8701 W Parmer Ln, Austin, TX 78729	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Advertising
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Apple	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Phillips Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) P&C Communications	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 9/26/2014	5 Payee name BAD					
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code Requested, Austin, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:40%">Candidate / Officeholder name</td> <td style="width:20%">Office sought</td> <td style="width:40%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 9/26/2014	Payee name Pirya.com					
Amount (\$) \$15.75	Payee address; City; State; Zip Code Pirya.com					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:40%">Candidate / Officeholder name</td> <td style="width:20%">Office sought</td> <td style="width:40%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 9/29/2014	Payee name Mr. Gattis					
Amount (\$) \$21.00	Payee address; City; State; Zip Code Far West Blvd, Austin, TX					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food for Volunteers				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:40%">Candidate / Officeholder name</td> <td style="width:20%">Office sought</td> <td style="width:40%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 9/29/2014	Payee name Austin Monitor					
Amount (\$) \$5.41	Payee address; City; State; Zip Code P.O. Box 867, Austin, TX 78767					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Subscription				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:40%">Candidate / Officeholder name</td> <td style="width:20%">Office sought</td> <td style="width:40%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/29/2014		5 Payee name Statesman			
6 Amount (\$) \$9.99		7 Payee address; City; State; Zip Code 305 S. Congress Ave, Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/29/2014		Payee name Pirya.com			
Amount (\$) \$38.25		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/2014		Payee name Pirya.com			
Amount (\$) \$70.20		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/2014		Payee name Pirya.com			
Amount (\$) \$12.38		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/2/2014	5 Payee name Erin Schultz	
6 Amount (\$) \$118.00	7 Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/6/2014	Payee name HEB	
Amount (\$) \$54.06	Payee address; City; State; Zip Code North Lamar, Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food for Volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/7/2014	Payee name Pirya.com	
Amount (\$) \$15.75	Payee address; City; State; Zip Code Pirya.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/8/2014	Payee name Erin Schultz	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/2014		5 Payee name Pirya.com			
6 Amount (\$) \$2.25		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/2014		Payee name Hoot Suite Media			
Amount (\$) \$9.99		Payee address; City; State; Zip Code www.HootSuite.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Web Support		Description (If travel outside of Texas, complete Schedule T) Web Support	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/2014		Payee name Texas Tees Etc.			
Amount (\$) \$267.90		Payee address; City; State; Zip Code 223 West Anderson Lane, Ste. A102, Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/2014		Payee name Pirya.com			
Amount (\$) \$18.00		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/13/2014		5 Payee name Pirya.com			
6 Amount (\$) \$15.75		7 Payee address; City; State; Zip Code Pirya.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/14/2014		Payee name Erin Schultz			
Amount (\$) \$112.00		Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/14/2014		Payee name Samantha Meazel			
Amount (\$) \$915.00		Payee address; City; State; Zip Code 1810 Airole Way, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/14/2014		Payee name Catherine Bleisch			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 512 MLK #170, Austin, Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2014		5 Payee name Richard Franklin			
6 Amount (\$) \$1,644.00		7 Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/15/2014		Payee name Bumper Sticker			
Amount (\$) \$5,000.09		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/15/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/16/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2014		5 Payee name Richard Franklin			
6 Amount (\$) \$1,644.00		7 Payee address; City; State; Zip Code 4001 Sojourner St, Austin, TX 78725			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Marketing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/15/2014		Payee name Bumper Sticker			
Amount (\$) \$5,000.09		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/15/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/2014		Payee name Pirya.com			
Amount (\$) \$4.50		Payee address; City; State; Zip Code Pirya.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/2014		5 Payee name Erin Schultz			
6 Amount (\$) \$217.00		7 Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Erin Schultz			
Amount (\$) \$120.00		Payee address; City; State; Zip Code 2504 Huntwick Dr, Austin , TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Bumper Sticker			
Amount (\$) \$300.30		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/2014		Payee name Bumper Sticker			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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